PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patient and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Reducti   | RIS, no person are n | respond to a collectio  |                       |                           |               | control number                                     |                   |            |  |  |
|---|----------------------|-------------------------|-----------------------|---------------------------|---------------|--|-------------------|------------|--|--|
| Effective on 12/08/2004. Fees pursuent to the Consolidated Appropriations Act, 2005 (N.R. 4818). FEE TRANSMITTAL  |                      |                         |                       | Complete if Known         |               |  |                   |            |  |  |
|   |                      |                         |                       | 7 Approaction 11 annibut  |               | December 23, 2004                                  |                   |            |  |  |
|   |                      |                         |                       |                           |               | Makoto ISHIKAWA                                    |                   |            |  |  |
| For FY 2008   |                      |                         |                       |                           |               | T. J. Kugel  |                   |            |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                      |                         |                       |                           |               | 1796   |                   |            |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,400.00*  |                      |                         | Attorney Docket No. 1 |                           | 1422-0655PUS1 |  |                   |            |  |  |
| METHOD OF PAYMENT (check all that apply)  |                      |                         |                       |                           |               |  |                   |            |  |  |
| Check Credit Card Money Order None Other (Mease identify):  |                      |                         |                       |                           |               |  |                   |            |  |  |
| X Deposit Account Deposit Account Number: 02-2448 Deposit Account Nerve: Birch, Stewart, Kolasch & Birch, LLP   |                      |                         |                       |                           |               |  |                   |            |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                      |                         |                       |                           |               |  |                   |            |  |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                      |                         |                       |                           |               |  |                   |            |  |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                      |                         |                       |                           |               |  |                   |            |  |  |
| FEE CALCULATION   |                      |                         |                       |                           |               |  |                   |            |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                      |                         |                       |                           |               |  |                   |            |  |  |
|   | FILI                 | NG FEES<br>Small Entity | SE                    | ARCH FEES<br>Small Entity | EXAMIN        | ATION FEES<br>Small Entity                         |                   |            |  |  |
| Application Type  | Fee (\$)             | Fee (\$)                | Fee (\$               | Fee (\$)                  | Fee (\$)      | Fee (\$)   | Fees f            | ald (\$)   |  |  |
| Utility   | 310                  | 155                     | 510                   | 255                       | 210           | 105  |                   |            |  |  |
| Design  | 210                  | 105                     | 100                   | 50                        | 130           | 65   |                   |            |  |  |
| Plant   | 210                  | 105                     | 310                   | 155                       | 160           | 80   |                   |            |  |  |
| Reissue   | 310                  | 155                     | 510                   | 255                       | 620           | 310  |                   |            |  |  |
| Provisional   | 210                  | 105                     | 0                     | 0                         | 0             | 0  |                   |            |  |  |
| 2. EXCESS CLAIM FEES Small Entity   |                      |                         |                       |                           |               |  |                   |            |  |  |
| Fee Description Each claim over 20 (including Reissues)   |                      |                         |                       |                           |               |  | Fee (\$)          | Fee (\$)   |  |  |
| Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)   |                      |                         |                       |                           |               |  | 50                | 25         |  |  |
| Multiple dependent claims   | 3 (unclud            | ing Reissues)           |                       |                           |               |  | 210<br>370        | 105<br>185 |  |  |
|   |                      |                         |                       | 5-1-1 (B)                 |               |  |                   | 185        |  |  |
|   |                      |                         |                       |                           |               | luttiple Dependent Claims<br>ee (\$) Fee Paid (\$) |                   |            |  |  |
| B -20 = x = Fee<br>HP = highest number of total claims peid for, if greater than 20.  |                      |                         |                       |                           |               | E 781  | ree raiu (4       | 1          |  |  |
| indep. Claims Extra Claims Fee (\$) Fee Paid (\$)   |                      |                         |                       |                           |               |  |                   |            |  |  |
| 1 -3 = X   HP = highest number of independent claims paid for, if greater than 3.   |                      |                         |                       |                           |               |  |                   |            |  |  |
| 3. APPLICATION SIZE FEE   |                      |                         |                       |                           |               |  |                   |            |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |                      |                         |                       |                           |               |  |                   |            |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                      |                         |                       |                           |               |  |                   |            |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |                      |                         |                       |                           |               |  |                   |            |  |  |
| - 100 = /50 = (round up to a whole number) x =  |                      |                         |                       |                           |               |  |                   |            |  |  |
| 4. OTHER FEE(S) Fees Paid (\$)  |                      |                         |                       |                           |               |  |                   |            |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00                               |                      |                         |                       |                           |               |  |                   |            |  |  |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37<br>1253 Extension for response within third month 590,00*   |                      |                         |                       |                           |               |  |                   |            |  |  |
| SUBMITTED BY  |                      |                         |                       |                           |               |  |                   |            |  |  |
| Signature 21 4all #28 (781 Registration No. 28,977 Telephone  |                      |                         |                       |                           |               |  | (703) 205-8000    |            |  |  |
| Name (Print/Type)   Gerald M. Murphy, dr.   |                      |                         |                       |                           |               | Date   | February 26, 2008 |            |  |  |

<sup>\*</sup>An extension of two (2) months was previously requested and paid for on January 31, 2007 in the instant application. Thus, a fee of \$590.00 is required to obtain an additional one (1) month extension.